

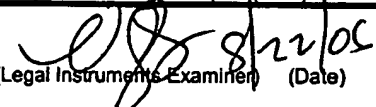



<b>Issue Classification</b> 	Application No.	Applicant(s)	
	09/677,478	BLALOCK ET AL.	
	Examiner	Art Unit	
	Lan Vinh	1765	

ISSUE CLASSIFICATION									
ORIGINAL					CROSS REFERENCE(S)				
CLASS	SUBCLASS				CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)			
438	714				438	706	710		
INTERNATIONAL CLASSIFICATION					134	1.1			
H	0	1	L	21/302					
				/					
				/					
				/					
				/					

(Assistant Examiner) (Date)		 Lan Vinh. 9/17/06 (Primary Examiner) (Date)	Total Claims Allowed: 78	
 (Legal Instruments Examiner) (Date)			O.G. Print Claim(s)	O.G. Print Fig.
		1	2	

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1	1						
2	2	40	31	76	61		121
3	3	41	32	6	62		151
	4		33	7	63		152
	5		34	8	64		153
4	6		35	9	65		154
5	7	42	36	10	66		155
	8	43	37	21	67		156
	9	44	38	22	68		157
13	10	45	39	23	69		158
14	11	46	40	36	70		159
15	12	47	41	37	71		160
16	13	48	42	38	72		161
	14	49	43	39	73		162
	15	50	44	40	74		163
17	16	51	45	41	75		164
18	17	52	46	42	76		165
19	18	53	47	43	77		166
20	19	54	48	44	78		167
21	20	55	49	45	79		168
22	21	56	50	46	80		169
23	22	57	51	47	81		170
24	23	58	52	48	82		171
25	24	59	53	49	83		172
26	25	60	54	50	84		173
27	26	61	55	51	85		174
28	27	62	56	52	86		175
29	28	63	57	53	87		176
30	29	64	58	54	88		177
31	30	65	59	55	89		178
32		66	60	56	90		179
33		67		57			180
		68		58			
		69		59			
		70		60			
		71		61			
		72		62			
		73		63			
		74		64			
		75		65			
		76		66			
		77		67			
		78		68			
		79		69			
		80		70			
		81		71			
		82		72			
		83		73			
		84		74			
		85		75			
		86		76			
		87		77			
		88		78			
		89		79			
		90		80			
				81			
				82			
				83			
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				85			
				86			
				87			
				88			
				89			
				90			

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(Assistant Examiner) (Date)					Lan Vinh				
(Legal Instruments Examiner) (Date)									
					<b>Total Claims Allowed: 78</b>  O.G. Print Claim(s)      O.G. Print Fig. 1                                      2				

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA				<input type="checkbox"/> T.D.				<input type="checkbox"/> R.1.47			
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
1	1		31	76	61	64	91		121		151		181		
2	2	40	32	6	62	73	92		122		152		182		
3	3	41	33	7	63	78	93		123		153		183		
	4		34	8	64	65	94		124		154		184		
	5		35	9	65		95		125		155		185		
4	6	42	36	10	66		96		126		156		186		
5	7	43	37	21	67		97		127		157		187		
	8	44	38	22	68		98		128		158		188		
	9	45	39	35	69		99		129		159		189		
13	10	46	40	36	70		100		130		160		190		
14	11	47	41	37	71		101		131		161		191		
15	12	48	42	51	72		102		132		162		192		
16	13	48	43	52	73		103		133		163		193		
	14	49	44	53	74		104		134		164		194		
	15		45	60	75		105		135		165		195		
17	16	50	46	61	76		106		136		166		196		
18	17	56	47	62	77		107		137		167		197		
19	18	57	48	70	78		108		138		168		198		
20	19		49	71	79		109		139		169		199		
	20	58	50	11	80		110		140		170		200		
25	21		51	23	81		111		141		171		201		
26	22		52	38	82		112		142		172		202		
27	23	59	53	54	83		113		143		173		203		
28	24	66	54	63	84		114		144		174		204		
29	25	67	55	72	85		115		145		175		205		
30	26	68	56	77	86		116		146		176		206		
31	27	69	57	12	87		117		147		177		207		
32	28	34	58	24	88		118		148		178		208		
	29	74	59	39	89		119		149		179		209		
33	30	75	60	56	90		120		150		180		210		